



**Bureau of Elder and Adult Services,
Department of Human Services
442 Civic Center Drive
11 State House Station
Augusta, ME 04333-0011
Phone 207-287-9200 or 800-262-2232
FAX 207-287-9229
TTY 287-9234 or 888-720-1925**

TO: Interested Parties

FROM: Mollie Baldwin

DATE: November 1, 2002

SUBJECT: Section 67 and LTC Assessment Process

The enclosed packet includes current policy – Chapter II, Section 67, Nursing Facility Services from the MaineCare Benefits Manual, adopted August 19, 2002, a copy of the BEAS NF Training PowerPoint, referral form, transfer form, Days Awaiting placement and Extraordinary circumstances forms with instructions. **All documents have been revised to reflect the change from Medicaid to MaineCare.**

Medicaid to **MaineCare** changes:

- Medicaid now is **MaineCare**
- Client, recipient, consumer = **member**
- Covered Services = **Benefits**
- Maine Medical Assistance Manual = **MaineCare Benefits Manual**
- HIV, Home & Community Based Waivers = **MaineCare Home & Community Benefits**

Referral Form: We have included an updated referral form and instructions. After receiving many comments from referral sources and RN assessors about the lack of information being provided at the time a referral is made we have revised the information now required to consider a referral complete. Please note the revised referral form has more shaded areas that must be completed. If all the shaded areas are not completed, the referral will not be entered into Mecare and the assessment may be delayed. Delays in completion of the assessment may impact the member's getting expedient services and could cause some provider payment problems. Please make copies of this new form to use when requesting an assessment. Submitting referrals more than 30 days in advance of the reassessment due date is not recommended.

Implementation of use of the new form is November 15, 2002.

Section 67: The cover sheet of policy describes the specific changes made to Section 67 concerning definitions, policy parameters and medical eligibility criteria. Please review the policy carefully so you are aware of the changes and how they may impact on future medical eligibility determinations.

Extended classifications: The availability of an extended classification period of up to two years will require facilities to revise or update their current tracking system for making timely referrals for

reassessment. Please review the outcomes of the assessments carefully so these longer classifications are not missed when the reassessment is coming due.

Clinical judgment: Assessors now have the policy language available to support their making a clinical judgment in determining medical eligibility. This means that assessors will rely on their clinical skills as well as the documentation available. It is not intended to relieve the facility of their responsibilities in documenting the care required by and provided to individual residents.

NF PowerPoint presentation: The training handout outlines the items usually covered at trainings we give to providers. It is an overview of the different types of payment sources and requirements for assessments to insure continuity of care without gap in payment.

Transfer Form: BMS classification review continues to receive unnecessary paperwork from facilities. Please review the form and the instructions carefully. We have outlined who receives the form and when it should be submitted. BEAS does **NOT** need to receive the form. The form must be submitted to either Goold upon admission or to BMS when there has been a change in the member's status within the facility.

Days Awaiting Placement & Extraordinary Circumstances applications: These forms have been updated with the MaineCare changes.

Continuing Stay Consumer Notice: We have included a draft for you to review and use when notifying a member at the time of the quarterly MDS that you have requested an assessment to determine medical eligibility because the NF staff believes the member's condition has changed and that eligibility may be impacted. Goold will request a copy of this letter when they receive a referral for a continuing stay review assessment.

Payment Research Form: Use this form to fax to BEAS to inquire about denials of payment for reasons such as "dates of classification do not agree". BEAS cannot resolve financial eligibility matters. However, contacting BFI or BMS to research why a claim is rejected due to dates of classification not agreeing delays getting resolution to the problem. Please submit the form and all related documentation and BEAS will respond.

Community Options: Home Care programs continue to expand and change and this resource tool gives a broad overview of the medical and financial requirements for the many programs as well as the services provided under those programs. The form gets updated on a regular basis and we have it available on the BEAS website.

All the forms included in the packet will be available on the BEAS website by December 1, 2002 at www.state.me.us/dhs/beas

Feel free to contact us with questions.

CC: Julie Tosswill, Bureau of Medical Services
Barbara Feltes, Bureau of Family Independence
Michelle Quintal, BMS, Carole Kus, BMS